

**DISCLOSURE SUMMARY PAGE**

Reset Form

**COMMITTEE NAME** (Must be same as on Statement of Organization)Citizens To Re-Elect Ireland For MayorIMPORTANT: Indicate by # type of committee you are reporting for: 6( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other  
Political Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political  
Subdivision PAC ( 11 ) Local Ballot Issue**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Steven J. Ireland

Political Party (if applicable)

Office Sought

Mayor, Fort Madison, Ia, 52627

District (if Senate or House)

George H. Shields, Treas.  
SIGNATURE OF PERSON FILING REPORT319-372-8260  
TELEPHONE10/25/09  
DATE SIGNEDI AM FILING A (N) October 24, 2009  
(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

November 3, 2009County & Local Committees, enter County in  
which Election is heldLee**STATEMENT OF CASH ON HAND****CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the  
committee. This amount **MUST** be the same as the cash on hand at the end  
of the last reporting period or must be zero if this is first report filed.)\$ 8.08**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

915.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .... \$

923.08**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)....

399.34

Schedule F: Loan Repayments total (Attach Schedule F)

**CASH ON HAND** at the end of this reporting period (if final report balance must  
be zero) (Attach DR-3)\$ 523.74**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)**\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)☐ YES ☐ NO**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$ \_\_\_\_\_

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens To Re-Elect Ireland For Mayor*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
3-3-09	ID# CK#	Steven J. Ireland 1904 Ave D Fort Madison, Ia, 52627	Candidate	\$ 50 <sup>00</sup>	<input type="checkbox"/>
10-05-09	ID# CK# 1135	Darrell Pickard 9 Ridgewood Rd. Fort Madison, Ia, 52627		25 <sup>00</sup>	<input checked="" type="checkbox"/>
10-05-09	ID# CK# 6260	Anne Pedersen 506-33rd St. Fort Madison, Ia, 52627		50 <sup>00</sup>	<input checked="" type="checkbox"/>
10-05-09	ID# CK# 2819	Robert Bixenman 1674-345th Ave Wever, Ia, 52658		25 <sup>00</sup>	<input checked="" type="checkbox"/>
10-05-09	ID# CK# 6968	John Schier 1502 Ave C Fort Madison, Ia, 52627		20 <sup>00</sup>	<input checked="" type="checkbox"/>
10-06-09	ID# CK# 2000	W. Archie Logan 1013 Avenue F Fort Madison, Ia, 52627		50 <sup>00</sup>	<input checked="" type="checkbox"/>
10-06-09	ID# CK# 11848	Patricia F. Rupert Rev. Trust 9 Oak Drive Fort Madison, Ia, 52627		25 <sup>00</sup>	<input checked="" type="checkbox"/>
10-06-09	ID# CK# 3725	Phillip J. Ingebritson 14 Melody Terrace Fort Madison, Ia, 52627		25 <sup>00</sup>	<input checked="" type="checkbox"/>
10-06-09	ID# CK# 1542	Richard P. Canella 2046-303rd Avenue Fort Madison, Ia, 52627		25 <sup>00</sup>	<input checked="" type="checkbox"/>
10-07-09	ID# CK# 3168	Patricia H. Pfner 1816 Avenue E Fort Madison, Ia, 52627		25 <sup>00</sup>	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 320 <sup>00</sup>	
TOTAL (If last page of this schedule)				\$ —	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens To Re-Elect Ireland For Mayor*

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10-07-09	ID# CK# 4176	Fred C. Winke 3285 Country Club Lane Fort Madison, Ia, 52627		\$ 25 <sup>00</sup>	<input checked="" type="checkbox"/>
10-08-09	ID# CK# 5289	George G. Kraidler 3 Melody Ter. Fort Madison, Ia, 52627		50 <sup>00</sup>	<input checked="" type="checkbox"/>
10-09-09	ID# CK# 1945	George H. Shields 2803 Avenue J Fort Madison, Ia, 52627		25 <sup>00</sup>	<input checked="" type="checkbox"/>
10-13-09	ID# CK# 805	Erma L. Whitney 404 South Jefferson St. Winchester, Tn, 37398	Mother	25 <sup>00</sup>	<input checked="" type="checkbox"/>
10-15-09	ID# CK# 951	Dianne Shottenkirk P.O. Box 422 Fort Madison, Ia, 52627		25 <sup>00</sup>	<input checked="" type="checkbox"/>
10-15-09	ID# CK# 1097	Donna L. Hall 2160 West Point Rd. West Point, Ia, 52656		25 <sup>00</sup>	<input checked="" type="checkbox"/>
10-15-09	ID# CK# 2135	Anne Sheaffer P.O. Box 486 Fort Madison, Ia, 52627		25 <sup>00</sup>	<input checked="" type="checkbox"/>
10-18-09	ID# CK#	Rocky Menke 25 Richards Drive Fort Madison, Ia, 52627		25 <sup>00</sup>	<input checked="" type="checkbox"/>
10-18-09	ID# CK# 3332	Letta M. Grosekemper 510 Avenue E Fort Madison, Ia, 52627	Aunt	100 <sup>00</sup>	<input checked="" type="checkbox"/>
10-18-09	ID# CK# 3087	William H. Napier 816 Avenue E Fort Madison, Ia, 52627		50 <sup>00</sup>	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 375<sup>00</sup>

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*Citizens To Re-Elect Ireland For Mayor*

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-18-09	ID# CK# 4316	L. Gene Enke 1002 Denmark Hilltop Fort Madison, Ia. 52627		\$ 50 <sup>00</sup>	<input checked="" type="checkbox"/>
10-18-09	ID# CK# 5695	Rosalyn B. Wilkerson 421 Avenue E Fort Madison, Ia. 52627		30 <sup>00</sup>	<input checked="" type="checkbox"/>
10-20-09	ID# CK# 12507	Rick Larkin 1304 Avenue B Fort Madison, Ia. 52627		100 <sup>00</sup>	<input checked="" type="checkbox"/>
10-24-09	ID# CK# 2342	Elaine Eschman 3392 - 215th St Fort Madison, Ia. 52627		40 <sup>00</sup>	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 220<sup>00</sup>

TOTAL (If last page of this schedule)

\$ 915<sup>00</sup>

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(for Schedule A)

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE

**B**

(Rev. 07/03)

MONETARY

EXPENDITURES

CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens To Re-Elect Ireland For Mayor*

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3-03-09	ID# CK# 1013	<i>The State of Iowa Ia. Ethics &amp; Campaign Disclosure Bd. 510 East 12th St, Suite 1A Des Moines, Ia. 50319</i>	<i>Late Filing Fee</i>	<i>\$ 50<sup>00</sup></i>
10-06-09	ID# CK# 1014	<i>Sandy Greenwald 2734 - 255th Avenue Montrose, Ia. 52639</i>	<i>Re-Imbursement for Envelopes &amp; Parade Balloons</i>	<i>45<sup>00</sup></i>
10-06-09	ID# CK# 1015	<i>Lee County Auditor 933 Avenue H Fort Madison, Ia. 52627</i>	<i>Voter Lists &amp; Labels</i>	<i>10<sup>00</sup></i>
10-18-09	ID# CK# 1016	<i>Steve Ireland 1904 Avenue D Fort Madison, Ia. 52627</i>	<i>Re-Imbursement for Postage, Campaign Food, Drink &amp; Parade Candy</i>	<i>254.<sup>75</sup></i>
10-20-09	ID# CK# 1017	<i>Dodd's Printing 621 Avenue G P.O. Box 307 Fort Madison, Ia. 52627</i>	<i>Posters</i>	<i>39<sup>59</sup></i>
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				<i>\$ 399.34</i>
TOTAL (if last page of this schedule)				<i>\$ 399.34</i>

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)